

2014 – 2015 ARIZONA HIGHLY QUALIFIED ATTESTATION FORM K-8th GRADE MATH INTERVENTIONIST

(Pursuant to requirements mandated by P.L. 107-110 No Child Left Behind Legislation)

To be completed by the math interventionist, remedial math teacher, math specialist or similar position in Grades K-8 to verify Highly Qualified status. This individual is not the Teacher of Record for this content area.

ame:		SSN (last 4 digits):	
chool:		LEA:	
eacher ork Ema	il:	School Start Date: (mm/yyyy)	
		(Date teacher first began working at this school site)	
1. Hold	ds a bachelor's degree	ND.	
		ND	
	ds a valid Arizona teaching certificate (A.R.S. §15 ool teachers are exempt from this requirement)	5-502.B) – Provisional, Reciprocal or Standard (charter	
a.	☐ Early Childhood Certificate- (K-3 rd grade stu	udents <u>only</u>)	
b.	□ Elementary Certificate		
C.	☐ Secondary Certificate- (7-8 th grades students only) ☐ Foreign Teacher Certificate- (Grade designations apply)		
d. e.	Special Education Certificate- (List Disability Area(s):		
0.	- Openial Education Continuate (Elect Pleasinty	71104(0).	
2 Tas		ND	
3. 168	aching Assignment: <u>Mathematics Interventionis</u>	# of Periods Taught in this Core Content Area	
CI	neck only <u>ONE</u> option below:	•	
a.	☐ Holds Mathematics K-8 Endorsement (effect	ive after June 30, 2011) OR	
	☐ Passed the AEPA Mathematics Subject Knowledge exam #10 OR		
C.	☐ Passed the NES Mathematics Subject Knowledge exam OR		
d.	☐ Passed the AEPA Middle Grades Mathemat	-	
e.	☐ Passes the NES Middle Grades Mathematic	s Subject Knowledge exam OR	
f.	f. HQ Teacher Reciprocity- Has an out-of-state reciprocal exam (documentation required) OR		
g.	☐ Holds an advanced degree in Mathematics €	OR	
	A major/24 credit hours in Mathematics OR		
i. Holds National Board Certification in Mathematics (Early Adolescence Certificate)			
	net the requirements for 1, 2, and 3 (including 3a nes, you are considered highly qualified .	a, 3b, 3c, 3d, 3e, 3f, 3g, 3h or 3i), under federal	
	☐ Highly Qualified Teacher	☐ Non-Highly Qualified Teacher	
I attest	to the factual completion of this evaluation.		
Signature of Teacher		Date	
Printed N	lame of Principal	_	
		_	
Signature	e of Principal	Date	